

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCIAL SERVICES**

| | | |
|--|------------------------|--|
| DATE 06/10/04 | ACCOUNT NUMBER 7496380 | TYPE OF LOAN (Alpha) E00 |
| LENDER/SECURED PARTY NAME AND ADDRESS ("Lender") | | LENDER'S TELEPHONE NUMBER 334-279-6011 |
| AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. TWIN OAKS VILLAGE 2723 EASTERN BYP MONTGOMERY, AL 36117-1594 | | |
| BORROWER(S) NAME AND ADDRESS ("I", "We") | | |
| LUCRETIA MOONEY 44 OAK FOREST RD FITZPATRICK RD, AL 36029 | | |

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

| ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost me. | AMOUNT FINANCED The amount of credit provided to me or on my behalf. | TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled. |
|---|--|---|---|
| 28.23 % | \$ 380.80 | \$ 1599.20 | \$ 1980.00 |

My Payment Schedule will be:

| Number of Payments | Amount of Payments | When Payments Are Due | American General Fin Services MONTGOMERY, AL |
|--------------------|--------------------|----------------------------|---|
| 18 | \$ 110.00 | monthly beginning 07/10/04 | |

LATE CHARGE: If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

I may I will not have to pay a penalty or minimum charge.
 I may I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

Real estate located at:

| | | | | |
|--------------------------|------|------|-------|----------------------------|
| <input type="checkbox"/> | Year | Make | Model | Vehicle Identification No. |
| Motor Vehicles | | | | |

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Other Assets Description |
| Other Assets | |

Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender

My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Lucretia Mooney
Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

C(1)

| ITEMIZATION OF AMOUNT FINANCED | | |
|--|------------|--|
| Amounts paid to others on my behalf | | |
| 1. | \$ 21.74 | Single Life Premium |
| 2. | \$ NONE | PAID TO LIFE INSURANCE COMPANY * |
| 3. | \$ NONE | PAID TO |
| 4. | \$ NONE | PAID TO |
| 5. | \$ NONE | PAID TO |
| 6. | \$ NONE | PAID TO |
| 7. | \$ NONE | PAID TO |
| 8. | \$ NONE | PAID TO |
| 9. | \$ NONE | PAID TO |
| 10. | \$ NONE | PAID TO |
| 11. | \$ NONE | PAID TO |
| 12. | \$ NONE | PAID TO |
| 13. | \$ NONE | PAID TO |
| 14. | \$ NONE | PAID TO |
| 15. | \$ NONE | PAID TO |
| 16. | \$ NONE | PAID TO |
| 17. | \$ NONE | PAID TO |
| 18. | \$ NONE | PAID TO |
| 19. | \$ NONE | PAID TO |
| 20. | \$ NONE | PAID TO |
| 21. | \$ | PAID TO |
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| 27. | \$ | PAID TO |
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| 29. | \$ | PAID TO |
| 30. | \$ | PAID TO |
| 31. | \$ | PAID TO |
| 32. | \$ | PAID TO |
| 33. | \$ | PAID TO |
| 34. | \$ | PAID TO |
| 35. | \$ | PAID TO |
| 36. | \$ | PAID TO |
| 37. | \$ | PAID TO |
| 38. | \$ | PAID TO |
| 39. | \$ | PAID TO |
| 40. | \$ | PAID TO |
| 41. | \$ | PAID TO |
| 42. | \$ | PAID TO |
| 43. | \$ | PAID TO |
| 44. | \$ | PAID TO |
| 45. | \$ | PAID TO |
| Amount Paid on Prior Account with Lender | | |
| 46. | \$ NONE | |
| Amounts Paid to me | | |
| 47. | \$ 1577.46 | PAID TO LUCRETIA MOONEY |
| 48. | \$ | PAID TO |
| 49. | \$ | PAID TO |
| 50. | \$ | PAID TO |
| 51. | \$ | PAID TO |
| 52. | \$ | PAID TO |
| 53. | \$ | PAID TO |
| 54. | \$ | PAID TO |
| 55. | \$ | PAID TO |
| 56. | \$ | PAID TO |
| \$ 1599.20 | | Amount Financed (Sum of lines 1 - 56) |
| \$ 90.00 | | Prepaid Finance Charges (itemized below) |
| PREPAID FINANCE CHARGES | | |
| 1. | \$ 90.00 | Interest Surcharge |
| 2. | \$ NONE | PAID TO LENDER |
| 3. | \$ NONE | PAID TO |
| 4. | \$ NONE | PAID TO |
| 5. | \$ NONE | PAID TO |
| 6. | \$ NONE | PAID TO |
| 7. | \$ NONE | PAID TO |
| 8. | \$ NONE | PAID TO |
| 9. | \$ NONE | PAID TO |
| 10. | \$ NONE | PAID TO |
| 11. | \$ NONE | PAID TO |
| 12. | \$ NONE | PAID TO |
| 13. | \$ NONE | PAID TO |
| 14. | \$ NONE | PAID TO |
| 15. | \$ NONE | PAID TO |

* Lender may retain a portion of these amounts.

SEE NEXT PAGE FOR IMPORTANT INFORMATION

TRUTH IN LENDING INSURANCE DISCLOSURES

| | | |
|--|------------------------|--------------------------|
| DATE 06/10/04 | ACCOUNT NUMBER 7496380 | TYPE OF LOAN (Alpha) E00 |
| LENDER/SECURED PARTY NAME AND ADDRESS ("Lender") | | |
| AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. TWIN OAKS VILLAGE 2723 EASTERN BYP MONTGOMERY, AL 36117-1594 | | |
| BORROWER(S) NAME AND ADDRESS ("I","We") | | |
| LUCRETIA MOONEY 44 OAK FOREST RD PITZPATRICK RD, AL 36029 | | |

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

P A I D
BY RENEWAL

| Type of Voluntary Credit Insurance | MAY 09 2005 | Premium |
|---|---|----------------|
| CREDIT LIFE INSURANCE I want single credit life insurance. | American General Fin Services MONTGOMERY, AL | 21.74 No \$ |
| Date 06/10/04 Borrower LUCRETIA MOONEY | 4-17-55 Date of Birth | |
| Date _____ Coverage not applicable. Co-Borrower | Date of Birth | |
| CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE | | |
| Date _____ Insurance not available. Borrower | Date of Birth | \$ NONE |
| Date _____ Insurance not available. Co-Borrower | Date of Birth | |

* If I/We have selected credit disability insurance, I/We certify by signing above that the proposed insured is actively at work at least 30 hours per week. (Applies to all states EXCEPT Washington and Wisconsin.)

| VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.) | Term in Months | Premium |
|---|----------------|---------|
| | | \$ NONE |
| Date _____ Insurance not elected. Borrower | | |
| Date _____ Coverage not applicable. Co-Borrower | | |

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)

VOLUNTARY CREDIT INSURANCE. Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and/or its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE. Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

**AMERICAN
GENERAL
FINANCIAL SERVICES**

INSURANCE DISCLOSURE SUMMARY

| | |
|--|----------------------|
| Borrower Name and Address: | Branch Number: 1715 |
| LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029 | Loan Number: 7496380 |
| | Date: 06/10/04 |

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.

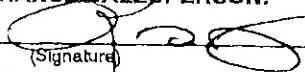
| INSURANCE PRODUCT | INSURED(S) | PREMIUM |
|---------------------------------|-----------------|----------|
| Credit Life | LUCRETIA MOONEY | \$ 21.74 |
| Credit Disability | | \$ NONE |
| Credit Involuntary Unemployment | | \$ NONE |
| Credit Personal Property | | \$ NONE |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| OTHER PRODUCTS | MEMBER(S) | PLAN FEE |
| | | \$ |
| | | \$ |

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:


 (Signature)
 A047311
 (License Number)

BORROWER:


 (Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
 Insurance Compliance Services
 601 NW 2nd Street, P.O. Box 159
 Evansville, IN 47701-0159

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCIAL SERVICES**

| | | |
|---|------------------------|--|
| DATE 05/09/05 | ACCOUNT NUMBER 7496380 | TYPE OF LOAN (Alpha) E00 |
| LENDER/SECURED PARTY NAME AND ADDRESS ("Lender") | | LENDER'S TELEPHONE NUMBER 334-279-6011 |
| AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. COLONIAL PROMENADE MONTGOMERY 2768 EASTERN BLVD MONTGOMERY, AL 36117-1550 | | |
| BORROWER(S) NAME AND ADDRESS ("I", "We") | | |
| LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029 | | |

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

| ANNUAL PERCENTAGE RATE | FINANCE CHARGE | AMOUNT FINANCED | TOTAL OF PAYMENTS |
|---|--|--|---|
| The cost of my credit as a yearly rate. | The dollar amount the credit will cost me. | The amount of credit provided to me or on my behalf. | The amount I will have paid after I have made all payments as scheduled |
| 28.08 % | \$ 386.64 | \$ 1599.20 | \$ 1985.84 |

My Payment Schedule will be:

| Number of Payments | Amount of Payments | When Payments Are Due |
|--------------------|--------------------|----------------------------|
| 1 | \$ 115.84 | 06/15/05 |
| 17 | \$ 110.00 | monthly beginning 07/15/05 |

LATE CHARGE: If any payment is not paid in full within 10 days after its due date, I will be charged \$ 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

I may I will not have to pay a penalty or minimum charge.
 I may I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

Real estate located at:

| | | | | |
|----------------|------|------|-------|----------------------------|
| Motor Vehicles | Year | Make | Model | Vehicle Identification No. |
| | | | | |

| | |
|--------------|--------------------------|
| Other Assets | Other Assets Description |
| | |

Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Lucretia Mooney
Borrower

J
Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

| ITEMIZATION OF AMOUNT FINANCED | | | |
|--|-----------|--|---|
| Amounts paid to others on my behalf | | | |
| 1. | \$ 21.74 | Single Life Premium | PAID TO LIFE INSURANCE COMPANY * |
| 2. | \$ 79.20 | Single Disability Premium | PAID TO DISABILITY INSURANCE COMPANY * |
| 3. | \$ NONE | | PAID TO |
| 4. | \$ NONE | | PAID TO |
| 5. | \$ NONE | | PAID TO |
| 6. | \$ NONE | | PAID TO |
| 7. | \$ NONE | | PAID TO |
| 8. | \$ NONE | | PAID TO |
| 9. | \$ NONE | | PAID TO |
| 10. | \$ NONE | | PAID TO |
| 11. | \$ NONE | | PAID TO |
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| 13. | \$ NONE | | PAID TO |
| 14. | \$ NONE | | PAID TO |
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| 16. | \$ NONE | | PAID TO |
| 17. | \$ NONE | | PAID TO |
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| 28. | \$ | PAID TO | |
| 29. | \$ | PAID TO | |
| 30. | \$ | PAID TO | |
| 31. | \$ | PAID TO | |
| 32. | \$ | PAID TO | |
| 33. | \$ | PAID TO | |
| 34. | \$ | PAID TO | |
| 35. | \$ | PAID TO | |
| 36. | \$ | PAID TO | |
| 37. | \$ | PAID TO | |
| 38. | \$ | PAID TO | |
| 39. | \$ | PAID TO | |
| 40. | \$ | PAID TO | |
| 41. | \$ | PAID TO | |
| 42. | \$ | PAID TO | |
| 43. | \$ | PAID TO | |
| 44. | \$ | PAID TO | |
| 45. | \$ | PAID TO | |
| Amount Paid on Prior Account with Lender | | | |
| 46. | \$ 830.17 | | |
| Amounts Paid to me | | | |
| 47. | \$ 668.09 | PAID TO LUCRETIA MOONEY | * Lender may retain a portion of these amounts. |
| 48. | \$ | PAID TO | |
| 49. | \$ | PAID TO | |
| 50. | \$ | PAID TO | |
| 51. | \$ | PAID TO | |
| 52. | \$ | PAID TO | |
| 53. | \$ | PAID TO | |
| 54. | \$ | PAID TO | |
| 55. | \$ | PAID TO | |
| 56. | \$ | PAID TO | |
| \$ 1599.20 | | Amount Financed (Sum of lines 1 - 56) | |
| \$ 90.00 | | Prepaid Finance Charges (itemized below) | |
| PREPAID FINANCE CHARGES | | | |
| 1. | \$ 90.00 | Interest Surcharge | PAID TO LENDER |
| 2. | \$ NONE | | PAID TO |
| 3. | \$ NONE | | PAID TO |
| 4. | \$ NONE | | PAID TO |
| 5. | \$ NONE | | PAID TO |
| 6. | \$ NONE | | PAID TO |
| 7. | \$ NONE | | PAID TO |
| 8. | \$ NONE | | PAID TO |
| 9. | \$ NONE | | PAID TO |
| 10. | \$ NONE | | PAID TO |
| 11. | \$ NONE | | PAID TO |
| 12. | \$ NONE | | PAID TO |
| 13. | \$ NONE | | PAID TO |
| 14. | \$ NONE | | PAID TO |
| 15. | \$ NONE | | PAID TO |

SEE NEXT PAGE FOR IMPORTANT INFORMATION

TRUTH IN LENDING INSURANCE DISCLOSURES

| | | |
|---|------------------------|--------------------------|
| DATE 05/09/05 | ACCOUNT NUMBER 7496380 | TYPE OF LOAN (Alpha) E00 |
| LENDER/SECURED PARTY NAME AND ADDRESS ("Lender") | | |
| AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. COLONIAL PROMENADE MONTGOMERY 2768 EASTERN BLVD MONTGOMERY, AL 36117-1550 | | |
| BORROWER(S) NAME AND ADDRESS ("I", "We") | | |
| LUCRETIA MOONEY 44 OAK FOREST RD FITZPATRICK RD, AL 36029 | | |

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

| Type of Voluntary Credit Insurance | Premium |
|--|-----------------------------|
| CREDIT LIFE AND CREDIT DISABILITY INSURANCE * I want single credit life insurance and single credit disability insurance. | \$ 100.94 |
| Date 05/09/05 Borrower <u>Lucretia Mooney</u> | 4-17-55 Date of Birth |
| Date _____ Coverage not applicable. | Date of Birth _____ |
| CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE | |
| Date _____ Borrower Insurance not elected. | Date of Birth _____ \$ NONE |
| Date _____ Co-Borrower Coverage not applicable. | Date of Birth _____ |

* If I/We have selected credit disability insurance, I/We certify by signing above that the proposed insured is actively at work at least 30 hours per week (Applies to all states EXCEPT Washington and Wisconsin.)

| VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.) | Term in Months | Premium |
|---|----------------|---------|
| Date _____ Borrower Insurance not elected. | | \$ NONE |
| Date _____ Co-Borrower Coverage not applicable. | | |

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

TRUTH IN LENDING INSURANCE DISCLOSURES (con'd)

VOLUNTARY CREDIT INSURANCE. Lender's affiliate may provide the credit insurance that I voluntarily select. Lender and/or its affiliates expect to profit from my purchase of voluntary credit insurance, and I consent to this.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE. Lender does not require that I insure the personal property listed on the Personal Property Appraisal Form (if any); however, I may voluntarily purchase voluntary credit personal property insurance from Lender or its affiliate or from another insurance company. I should review my existing homeowner's and other physical damage insurance to determine whether voluntary credit personal property insurance duplicates or adversely affects my existing insurance coverage(s). Lender and/or its affiliates expect to profit from my purchase of voluntary credit personal property insurance, and I consent to this.

INSURANCE DISCLOSURE SUMMARY

**AMERICAN
GENERAL
FINANCIAL SERVICES**

| | |
|--|----------------------------------|
| Borrower Name and Address: | Branch Number: 1715 |
| LUCRETIA MOONEY 44 OAK FORST RD FITZPATRICK RD, AL 36029 | Loan Number: 7496380 |
| | Date: 05/09/05 MONTH/DAY/YEAR |

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.

| INSURANCE PRODUCT | INSURED(S) | PREMIUM |
|---------------------------------|-----------------|----------|
| Credit Life | LUCRETIA MOONEY | \$ 21.74 |
| Credit Disability | LUCRETIA MOONEY | \$ 79.20 |
| Credit Involuntary Unemployment | | \$ NONE |
| Credit Personal Property | | \$ NONE |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| OTHER PRODUCTS | MEMBER(S) | PLAN FEE |
| | | \$ |
| | | \$ |

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:

Melodee Wyatt
 (Signature)
 A22D663
 (License Number)

BORROWER:

Lucretia Mooney
 (Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
Insurance Compliance Services
601 NW 2nd Street, P.O. Box 159
Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Ext 5232 Telefax: (812) 461-2852
UNQ1A1 (9-5-04) Insurance Disclosure Summary - Single Premium

MGBY 4982.0086